

Date: _____ Patient: _____

Appointment date with Dr. Salmons _____

This letter is to confirm the above appointment we scheduled with you to see Dr. Salmons . This will be a consultation appointment. Dr. Salmons will discuss with you the use of a Klearway oral appliance as treatment for sleep apnea. He will examine you to determine if you are a candidate for using this appliance. It is important that we have received the following information from your sleep doctor AT LEAST ONE WEEK PRIOR TO THE DATE OF YOUR APPOINTMENT:

- all your sleep study records from your sleep doctor,
- a written prescription from your sleep doctor for the klearway oral appliance,
- a letter of medical necessity from your sleep doctor
- a copy of your medical insurance card.

We will also discuss with you the costs of the Klearway appliance, your insurance, and methods of payment. At this appointment, if you decide that you want to be fitted with the Klearway, and Dr. Salmons has determined that you are a good candidate for this, we will reappoint you for an appointment to take impressions for this appliance. We will also discuss with you all necessary follow-up appointments.

There will be a \$220 fee for this first appointment which you will need to pay at the time of the visit. If you have dental insurance, your dental insurance MAY cover the first visit only. Please contact your current dentist to see if you have a current panograph x-ray that can be emailed to us at office@salmonsdds.com.

Please go to our website listed above and download and complete the New Sleep Apnea Patient forms and either mail them back to us, email them back to us at office@salmonsdds.com, or fax them back to us at 865-521-0904 AT LEAST ONE WEEK PRIOR TO APPOINTMENT.

We look forward to meeting you.

Anita Barker
Office Manager